PTO/SB/97 (08-03

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PETITION FOR ONE MONTH EXTENSION (PTO/SB/22,

in duplicate;

AMENDMENT AND RESPONSE TO OFFICE ACTION

(10 Pages).

CUSTOMER NO.: 24498 Serial No.: 10/530,881 Docket No.: PD020100

Art Unit: 2615

Examiner: Ping Lee

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 15

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

P.02

Complete If Known

Approved for use through 07/31/2008. OMB 0661-0032

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FEET	RAN for FY 2	2007 by status. See 3 (\$) 120.0	TAL 37 CFR 1.27	Application Number Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket No.	10/530,881 April 11, 26 Jens Spille Ping Lee 2615 PD020100	DENTRAL F	AX CENTER 8 2007					
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498 Check Credit card Money Order None Other (please Identify):												
Check Credit card Money Order None Other (please identify): Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULATION	I (All the fees	below are due	upon filing or	may be subject to a	eurcharge.)	· -						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCE Small Entity				CH FEES Small Entity								
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Pald (\$)					
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Relasue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each Independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (5) - or HP = x \$50 HP = highest number of total claims paid for, if greater than 20.			\$50	50 25 200 100 360 160 Fee Paid (\$) Multiple Dependent Clai			Fee (\$) 25 100 180					
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HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer tistings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e). Total Sheets												
SUBMITTED BY			Daniel M Al-									
Name (Print/Type) REITSENG LIN (Attorney/Agent)		42,804	Telephone	Telephana (609) 734-6813								
Signeture	Ma	Ry D	<i>y</i> 1			September 28. 2007						

PTO/S8/17 (01/05)

Approved for use through 07/31/2005. ONE 0551-0032

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Fees pursuant to the C	Application Number 10/530,881											
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	for FY 2007					s Spille	SENTHAL	FAX CENTER				
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METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498												
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please Identify):												
Deposit Account: Deposit Account Number 07-0832 For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULATION	(All the fees b	pelow are du	upon filing or	may be subject	to a surch	arge.)						
1. BASIC FILING, SE			N FEES				cro					
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Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee</u>	(<u>5)</u>	<u>ee (\$)</u>	Fees Pald (\$)				
Utility	300	150	500	250	200)	100					
Design	200	100	100	50	130)	65					
Plant	200	100	300	150	160		80	•				
Reissue	300	150	500	250	600)	300					
Provisional	200	100	0	0)	0	-				
2. EXCESS CLAIM F	EES						Small Ent	lty				
Fee Description						Fee (\$)		² ee (\$)				
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3. APPLICATION SIZ	E FEE											
If the specification and listings under 37 CFR sheets or fraction then	1,52(e)), the a	pplication size	è fee due is \$25	0 (\$125 for small	•							
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing	surcharge):FE 0	E FOR ONE	MONTH EXT	ENSION - \$120	0.00			\$120.00				
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SUBMITTED BY Name (Print/Type)	REITSENG I		Registration No. (Attornew/Agent)	42,8	04	Telephone	(609) 73	4 - 6813				